

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 21 D (F)  
 Dr. BHAVANA K

**SURGERY DETAILS**

Date: 25/6/26  
 Patient Name: Mrs Sheik Asma Date of Birth: 04.06.1995 Age: 31yr  
 Gender: Female Ward: OT UHID No.: 66238  
 Date of Surgery: 25/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
 Name of the Surgery: EMERGENCY LOWER SEGMENT CESAREAN SECTION SA

Time in: 10:56 AM Time Out: 12:10 PM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon	Dr. Moujika / Dr. Paenag	
4. OT Technician	Tab. Rakesh	
5. Circulating Nurse	S. Prasadnel Vamithe	
6. Assistant Nurse	S. Ruby P	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3094410 / 3094411 Order by: Ruby P

1

ACTIV LBH-00066238 IP-00060462 NG

Mrs SHEIK ASMA  
04-06-1995 31 Y 0 M 20 D (F)  
Dr. BHAVANA K

Name: -



UHID No: -

Consultant: - Dept: -

Date of Admission: 24/6/26 Time: 2:54 pm Date of Discharge: - Time: -

Room / Bed No: 219 Ward: YW Suggested Billable bed type: -

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	10:45 Am	Yw	07	
25/6/26	12:15 pm	07	MICU	
25/6/26	2:30 pm	MICU	(row)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
21/6/26	NST @ 1pm - (1)	R26-010108 ✓	8 ✓
21/6/26	ECG	V126021403 ✓	8 ✓
21/6/26	NST @ 5pm - (2)	226-610109 ✓	8 ✓
24/6/26	NST at 9:30pm (3)	R26-010127 ✓	8 ✓
25/6/26	NST at 1:30pm (4)	R26-010128 ✓	8 ✓
25/6/26	NST at 5:30pm (5)	R26-010122 ✓	8 ✓
25/6/26	NST at 9:30am (6)	R26-010123 ✓	8 ✓
25/6/26	ECG - (7)	R26-010124 ✓	8 ✓
	Cross over by	Chow 25/6	



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
25/6/26	W placement	1	30942310	[Signature]
25/6/26	Catheterisation	1	03094313	[Signature]
25/6/26	PAC	1		
	Cross checked by	Child	25/6/26	

**ANY OTHER INFORMATION**

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Date: 27/6/26

Time: 10AM

Prepared By: [Signature]

Staff Nurse Deepika	Shift / Ward [Signature] 27/6/26 10AM.	Billing Assistant	Billing Supervisor
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# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



LBM-0006238 IP-00060462

Mrs SHEIK ASMA  
04-06-1995 31 Y O M 22 D (F)  
Dr. BHAVANA K

IP.No: 60462

Patient Name :

DOA:

Ward:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Transfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	5	✓	✓	
7	Nurses Progress notes	5	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Medical Reconciliation	2	✓	✓	
	Pain Assessment	3	✓	✓	
	Braden's	3	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Others	21	✓	✓	
	Total No. of Pages	65 pages			

Noted by Deepika

27/6/26 @ 10 AM

Signature and Date : *Shush* 27/6/26 @ 12:00

# **ERROR LOG**

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

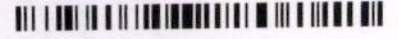
OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP-00060462

Admit Date : 24-Jun-2026

Admit Time : 02:54 PM UHID : LBH-00066238

**Patient Details :**

Patient Name : Mrs SHEIK ASMA

Age : 31 Y 0 M 20 D

Guardian : Mr M.VENU

DOB : 04-06-1995

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : AMOGA ENCLAVE,FLAT NO-101,, ZAHEED NAGAR,, UPPAL Boduppal Hyderabad  
Telangana INDIA 500092

Phone No : 7993146234/ 9121526875

E-mail : na123@gmail.com

**Admission Details :**

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

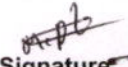
**Contact Details :**

Name : Mr M.VENU

Relationship : W/O

Contact Address : AMOGA ENCLAVE,FLAT NO-101,, ZAHEED NAGAR,, UPPAL Boduppal Hyderabad  
Telangana INDIA 500092

Phone No : 7993146234

  
Signature

**Doctor Details :**

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

**Payment Details :**

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify NA

Primary Language:  Telugu  English  Hindi  Others, specify .....

Do you require an interpreter?  Yes  No if Yes specify .....

Source of Information:  Patient  Family  Others, specify .....

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: Dust

If yes, identify .....

Chief Complaints: nil Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Gajulwar  
 Time Notified: 2 pm

Past Medical History: Obtained From  Patient  Family Member  Medical Record  Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypertension</u>	<u>nil</u>	<u>no</u>

<p><b>Gynecology Assessment:</b> <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: .....</p> <p>Onset of Menarche: .....</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>24/9/25</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: .....</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G 3 P ..... L ..... A 2

Previous LSCS: .....

Current Medication:  None  Yes, If Yes, Fill the reconciliation form

**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease

Liver disease  Other .....

**Vital Signs / Measurements:** Temp: 98.6 F HR: 80 b/min RR: 20 b/min  
 BP: 110/86 mmHg Weight: 62.1 kg Height: 151 cm BMI: 27.2 kg/m<sup>2</sup>

**Pain Assessment:** Pain:  Yes  No (If Yes, complete the Pain Assessment / Reassessment Form)

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 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 20 D (F)  
 Dr. BHAVANA K

**PHYSICAL ASSESSMENT**

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score ..... 15 ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... 28 ..... (complete the Braden Q Sheet)

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

Mobility problem  Walking Problem  No Abnormality Detected  
 Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

Overweight  Poor Appetite > 3 Days  Needs Therapeutic Diet.  
 Under Weight  Diabetes Mellitus  Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

Calm & Cooperative  Restless  Depressed  Agitated  Confused  
 Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. Marital Status:  Single  Married  Divorced  Widow

2. Special Habits: Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

Social History: Lives With ..... Family .....

**Orientation has been given regarding the following aspects:**

Call Bell in Reach :  Yes  No Waste Disposal Explained:  Yes  No  
 Infusion Pump :  Yes  No Hand Hygiene Explained:  Yes  No  Others

Above information given to ..... Mrs. Sheik Asma .....

Name of Person Orientation was given to: ..... Mrs. Sheik Asma .....


Orientation not given Reason: .....

Nurse Signature: ..... [Signature] .....

Nurse Name: ..... Arshani .....

Date & Time: ..... 24/6/20 at 2pm .....

# PATIENT TRANSFER FORM

LBH-00066238 IP-00060462  
Mrs SHEIK ASMA  
04-06-1995 31 Y 0 M 21 D (F)  
Dr. BHAVANA K  


Date & Time of Admission 24/6/26 @ 2:54 pm		Date & Time of Transfer Order 25/6/26 @ 7:30 pm
Treating Consultant Name	Transfer Ordered by Dr. Freshman	Reason for Transfer Observation
From Unit MICU	To Unit Room (201)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 45	Number of Imaging Films NST - 6 ECC - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	tab - PCm - 15	underspaed 10
2.	tab - Pantop - 10	Sarel 10
3.	tab - tramadol - 10	
4.	tab - Diclofen - 10	
5.	Sarel - 10	

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Freshman

Name & Signature of Person who is Transferring poorja	Name of Person Ordered Transfer Dr. Freshman
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Patient & Clinical Records Received by : sushik

Date & Time of Patient Received : sushik signed at 7:30 pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed       Nurse not Available       Available Bed not ready

# PATIENT TRANSFER FORM

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LBH-00066238 IP-00060462  
Mrs SHEIK ASMA  
04-06-1995 31 Y 0 M 20 D (F)  
Dr. BHAVANA K



Date & Time of Admission <i>24/6/26 at 2:54 PM</i>		Date & Time of Transfer Order <i>25/6/26 at 10<sup>45</sup> am</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Nausheen</i>	Reason for Transfer <i>EM LSC</i>
From Unit <i>Yw</i>	To Unit <i>07</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, what? sp files &amp; ornaments</i>

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring <i>Dr. Shameer</i>	Name of Person Ordered Transfer <i>Dr. Nausheen</i>
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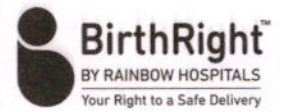
Patient & Clinical Records Received by :  
*Prasanna 25/6/26 10:45 AM*

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed       Nurse not Available       Available Bed not ready

# PATIENT TRANSFER FORM



Patient Name & UHID No. LBH-00066238 IP-00060462 Mrs SHEIK ASMA 04-06-1995 31 Y 0 M 21 D (F) Dr. BHAVANA K 		Date & Time of Admission 25/6/26 @ 2:54pm	Date & Time of Transfer Order 25/6/26 @ 12:15pm
		Transfer Ordered by Dr. Madhav	Reason for Transfer Post op care
From Unit OT	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films NOT (5)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
SI.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Prasad		Name of Person Ordered Transfer Dr. Madhav	
Patient & Clinical Records Received by : [Signature] 25/6/26 12:40 pm			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
  Nurse not Available
  Available Bed not ready

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 20 D (F)  
 Dr. BHAVANA K



IP ADMISSION JR OBSTETRICS

Presenting Complaints

LMP: 24/09/2025 EDD:  
 Corrected EDD: 14/7/2026 GA: 37+1 weeks

Obstetric Formula: G3A2  
 ML-548 NCM

Menstrual History: Regular:  Yes  No  
 Irregular

Obstetric History:

I - gwls / Missed Miscarriage / MEPPC / Prashantw Hosp. Warangal / 2023 Jan  
 II - 10 wks / Spontaneous miscarriage / RCH UKP. / 2023 June  
 III - PP, spontaneous conception

Obstetric Examination

Fundal Height: TQ

Present Pregnancy Record:

H/o Spotting pv at 7wks managed conservatively on tab Ecospirin & Ins Clexane 20mg sc since conception stopped at 36 weeks.

Ut. Activity:  Relaxed  Mild  Mod  Severe  
 Liquor:  Adequate  Oligo  Poly  
 PP: 150 bpm  Cephalic  Breech Others \_\_\_\_\_

RISK FACTORS:

H/o decreased fetal movement on 31+6 wk Mx conservatively.  
 Diagnosed Anemia at 31+6 wk Mx conservatively.  
 Hypothyroidism (SO)  
 Uterine Artery Increased Resistance  
 Anemia

Head Fifts Palpable: \_\_\_\_\_  
 FHS:  Normal  Tachy  Brady  Absent  
 (+) 150 bpm

Per Speculum Examination Not done

Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated 1 finger

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: 151 cm

Weight: 62.1 kg

Allergies: Nil Dust allergy

Breast:  Normal  Abnormal

General Examination:

Consciousness: c/c/c

Pallor:

Icterus: ⊖

Edema: .

Temp: Afebrile

PR: 84 bpm

BP: 114/72 mmHg

DTR: (+)

CVS: S1S2 (+)

RS BAE (+)

Liver/Spleen: Normal

Urine Output: Adequate

DIAGNOSIS

G3A2 with 37+1 weeks with Hypothyroidism (SO) with uterine artery increased resistance with Anemia for Induction of Labour



<p>Family History:          Mother - DM, Hypothyroidism.          Father - HTN, BM</p>	<p>Surgical History:          Nil</p>																						
<p>Medical History:          Hypothyroidism since 5 yrs.          H/O PCOS since</p>	<p>Medication History:          Tab Thyroxine 50mg OD.</p>																						
<p>Plan of Care: <u>C/I to DR. Bhavanamam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Normal diet</li> <li>- Part preparation</li> <li>- consent</li> <li>- NST 4<sup>th</sup> hslly</li> <li>- FHR Monitoring</li> <li>- Monitor vitals.</li> <li>- Send CBP</li> <li>- Follow drug chart</li> <li>- Inform SOS</li> <li>- Tab Misoprostol 25mcg PV 6<sup>th</sup> hslly</li> </ul> <p>10 PRBC Reserved at Tarnaka</p> <p><i>No test by a Shama 24/6/2026 JPM</i></p>	<p>Investigations: <b>BG - 'B' POSITIVE</b></p> <p>HIV } NR      24/6 CBP - 10.3/11.6/2.54L          HBsAg }          HCV }          VDRL }          HPLC Normal</p> <table border="0"> <tr> <td><u>6/6/2026</u></td> <td><u>6/3/2026</u></td> </tr> <tr> <td>Growth scan</td> <td>TIFFA</td> </tr> <tr> <td>34 + 4 weeks</td> <td>21 + 3 wks</td> </tr> <tr> <td>SLIUF, Cephalic</td> <td>SLIUF</td> </tr> <tr> <td>EFW - 2222gm</td> <td>CL - 35mm</td> </tr> <tr> <td>AC - 137.</td> <td>NO anomalies</td> </tr> <tr> <td>AFI - 15.1cm</td> <td>PI - Post High</td> </tr> <tr> <td>PI - Post High</td> <td></td> </tr> <tr> <td>Doppler - Uterine A</td> <td></td> </tr> <tr> <td>Increased Resistance</td> <td></td> </tr> <tr> <td>Fetal doppler normal</td> <td></td> </tr> </table> <p><u>12/01/2026</u></p> <p>NT scan          13 + 1 wks          SLIUF          NT - 2.02mm</p> <p>FTS - Low Risk</p>	<u>6/6/2026</u>	<u>6/3/2026</u>	Growth scan	TIFFA	34 + 4 weeks	21 + 3 wks	SLIUF, Cephalic	SLIUF	EFW - 2222gm	CL - 35mm	AC - 137.	NO anomalies	AFI - 15.1cm	PI - Post High	PI - Post High		Doppler - Uterine A		Increased Resistance		Fetal doppler normal	
<u>6/6/2026</u>	<u>6/3/2026</u>																						
Growth scan	TIFFA																						
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EFW - 2222gm	CL - 35mm																						
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Doppler - Uterine A																							
Increased Resistance																							
Fetal doppler normal																							

Doctor Name: Dr Yogeshwan

Consultant Name: Dr. Bhavanak

Signature: [Signature]

Signature: .....

Date & Time: 24/6/2026 2:30pm

Date & Time: 24/6/2026

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y O M 20 D (F)  
 Dr. BHAVANA K

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26		
3:30pm	o/g pt 20 c/c/c Gc fair Afebrile BP - 116/72 mmHg PR - 36 bpm SLE NAD P/A ut nTG (C) FHR (F) 146 bpm Relaxed v/c c/long O/I F PPVx-3	Adv - (S) Diet - w/f PCL - Monitor Vitals - Follow drug chart - Ambulation - Hydration - Birthing ball exercises - Inform Jos - NST 4th hly
1st dose also 25mg kept PV at 3:30pm		
noted by Sharmi 24/6/26 3pm		Dr. Nandhu
24/6/26		
7:30pm	O/E Pt is c/c/c Gc fair Afebrile BP - 120/76 mmHg PR - 80 bpm SLE - NAD P/A - ut nTG (C) Relaxed FHR (F) 148 bpm	Adv - Normal diet - W/f <del>breast</del> PCL - Monitor Vitals - Follow drug chart - Ambulation - Birthing Ball exercises - Adequate Hydration - Inform Jos - NST 4th hly - Monitor FHR
noted by Sharmi 24/6/26 at 7:30pm		Dr. Yogeshwari (P.T.O.)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26		
9:30 pm	P/A ut ~ TG	Adv
T. Niso 25mcg kept PV at 9:30 pm	(C) relaxed FHR ⊕ 146 bpm v/e cx long ex IR ppx -3	- NST 4th huly - W/F POL - Inform S/S
<del>Notes by Teja 24/6/26 at 9:30 pm</del>		
24/6/26		
11:30 pm	O/C	Adv
	pt is c/c/c uctair Afebrile	- Normal diet - W/F POL - Monitor FHR
NST reactive	BP - 114/72 mmHg PR - 86 bpm S/E - NAD P/A - Ut ~ TG	- NST 4th huly - Ambulation - Adequate hydration
	(C) Relaxed FHR ⊕ 156 bpm	- Monitor vitals - Birthing Ball exercise - Follow drug chart - Inform S/O
<del>Notes by Teja 24/6/26 at 11:30 pm</del>		



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 3:30 AM	o/e	
	pt is c/c/c	Adv
	uc fair	- Normal diet
	Afebrile	- W/F POL
2 <sup>nd</sup> dose	BP - 114/70 mmHg	Monitor FHR
Tab Misoprostol	PR - 82 bpm	- NST 4 <sup>th</sup> haly
25mcg PV	S/E - NAD	- Ambulation
kept at 3:30 AM	P/A - Ut ~ TG	- Birthing Ball exercises
	⊙ Relaxed	- Adequate hydration
	FHR ⊕ 140 bpm	- Monitor vitals
	P/V - Cp - long	- Follow drug chart
	OS - 1 finger	- Inform sos
	PPVx 1-31	
Notes		
	W/ Teta	Dr Yogeshwar
25/6/26 7:30 AM	o/e	Adv 3:30 AM
	pt is c/c/c	- W/F POL
	uc fair	- Monitor vitals
	Afebrile	- Monitor FHR
	BP - 112/70 mmHg	- NST 4 <sup>th</sup> haly
	PR - 84 bpm	- Ambulation
	S/E - NAD	- Birthing Ball exercises
	P/A - Ut ~ TG	- Adequate hydration
	⊙ Relaxed	- Follow drug chart
	FHR ⊕ 142 bpm	- Inform sos

Dr Yogeshwar

LBH-00066238  
 Mrs SHEIK ASMA  
 04-06-1995  
 Dr. BHAVANA K

IP-00060462  
 31 Y 0 M 20 D (F)



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/6/26		
9:20 AM	Pt is c/c/c	
	G/C fair	Adm
	Afebrile	- (N) diet
4th dose	BP - 108/68 mmHg	- Ambulation
Tab misoprostol	PR - 84 bpm	- Hydration
Tab 25mg PV	S/E - NAB	- w/f POL
9:20 AM	P/A - Relaxed	- follow deep chart
at	Ut - NTG	- monitor vitals
	⊖ FHR ⊕ 138 bpm	⊖ Inform SOS
	Vle - cx - long	
	os - 1 finger	
	PPVx - 3	I have performed
25/6/26		
10:10 AM	P/A ut NTG	
	Relaxed.	Adm
	⊖ FHR ⊕ 150 bpm	- Clear liquids
ARM done	Vle cx - long	- Cont FHR monitoring
liquor clear	os - 1 finger loose.	- w/f POL
	PPVx - 3	- Inform SOS
noted by		
	I have performed	Dr Nausheen
	10:10 AM	

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 21 D (F)  
 Dr. BHAVANA K



3

Rainbow Children's Hospital  
 It takes a lot to treat the little.

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/16 10:30 AM	C/S By Dr Bhavana Meam Pt is c/c/c	
	C/C fair	Adm
	Afebrile	- NBM
	BP - 112/70 mmHg	- consent
	PR - 92 bpm	- PAC
	S/C - MAD	- Foley's catheterization
	PIA - Relaxed	- continuous FHR monitoring
	cx - long	
	os - finger loose	- Inform SOS
	PR - 131	
	<p>Noted by            Anand            10:50 AM</p>	Jhan Pr Farnez
25/6/16 10:30 AM	<u>COUNSELLING NOTE</u>	
	Patient and attendees explained regarding non progress of labour with no contractions with presumed fetal distress and need for emergency LSCS explained & they opted for it	
	Anand Mrs ASMA SHEIK.	Jhan Pr Farnez
	Vijay Venkannam Husband 25/6/2016	
	<p>Noted by            Anand            10:50 AM</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 12:30pm	<p>POD-0 (Post Usu)            ope. Pt is clec.            GC fair            Afebrile            BP- 107/67 mmHg            PR- 74bpm</p>	<p>Adv            - NBM x 4 hrs            - Rest            - Do charting            - Monitor vitals</p>
<p>P/L            HYPERTHYROIDISM</p>	<p>S/G - NAD            P/A - Soft, D/W/R            BS =</p>	<p>- Follow drug chart            - Inform doc</p>
<p>U/O - 200ml            clear            adequate</p>	<p>LE - NAB            Baby ← A BF ⊕                      m</p>	<p>In Dr. Ganesan</p>
<p>Noted by [Signature]            25/6/26 12:20pm</p>	<p>UI to Anaesthetist            Patient PR - 55-60bpm            BP - 101/69mmg            P/A - clear            PU - NAB</p>	<p>Adv            - ECG</p>
<p>Noted by [Signature]            25/6/26 1:30pm</p>	<p>UI to Axon            ECG done -            sinus bradycardia</p>	<p>Adv            Advr Ashwin</p>
<p>Noted by [Signature]            25/6/26 2:30pm</p>		<p>Advr Ashwin</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/2026	POD-0 (Post LSCS)	
4:30 pm	O/E - pt is c/c/c	Adv:
	Gc - Faiz	- NBSA x 2
P/L Hypothyroid	Afebrile	- water sips fl b clear liquids
U/O 650 ml	BP - 117/75 mmHg	- soft diet at 10:30 pm
clear, adeq.	PR - 68 bpm	- No chasting
	S/E - NAD	- w/F bleeding PU
pt. can be shifted to room	PIA - ut - w/r	- monitor vitals
	soft BS (+)	- Follow drug chart
	L/E - NAB	- Infom sos
	Baby ← A BF (+)	
	m	
Noted by poja 25/6/26 w: 3 bpm		
26/6/26	POD-1 (Post LSCS)	
7:30 AM	O/E pt is c/c/c	Adv
	Gc - Faiz	- soft diet
P/L Hypothyroid	Afebrile	- w/F Bleeding PU
	BP - 109/72 mmHg	- Monitor vitals
	PR - 86 bpm	- Follow drug chart
U/O 1800 ml	S/E - NAD	- Ambulation
Adequate, clear	PIA - ut w/r	- Adequate hydration
	soft BS (+)	- Infom sos
	L/E - NAB	
	Baby ← A BF (+)	
	m	
Remove Foley's		
Noted by poja 26/6/26		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2026	POD-1 (LSCS)	
1:20 pm	O/E - pt is c/c/c	O/E
P/L - Hypothyroid urine passed motion passed	Gc - Fat 2	Adv:
	Afebrile	- (N) diet
	BP - 104 / 70 mmHg	- Adeq. hydration
	PR - 70 bpm	- Ambulation
	S/E - NAD	- w/f bleeding PV
	P/A - ut - w/r	- monitor vitals
	soft, BS (+)	- Follow drug chart
	L/E - NAB	- Infom SOS
	Baby $\left\{ \begin{matrix} A \\ M \end{matrix} \right. BF (+)$	
		<p><i>[Signature]</i>  <i>[Signature]</i>          Dr. Nikhita</p>
		Noted by Deepika
		26/6/26 @ 1:20 pm
26/6/26	POD-1 (post LSCS)	
8 pm	pt is c/c/c	
P/L Hypothyroid urine passed motion passed	Gc Fat 2	Adv
	Afebrile	- (N) diet
	BP - 111/70 mmHg	- Adeq Hydration
	PR - 84 bpm	- Ambulation
	S/E - NAD (+)	- w/f PV bleeding
	P/A - soft BS (+)	- follow drug chart
	ut - w/r (+)	- monitor vitals
	L/E - NAB	- Infom SOS
	Baby $\left\{ \begin{matrix} A \\ M \end{matrix} \right. BF (+)$	
		<p><i>[Signature]</i>          Dr. [Signature]</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/6/26</u>	<u>POD- 2 (LSCS)</u>	
<u>8 Am.</u>	Pt is <sup>^</sup> dele	- Adv
P, H	Gt c fars	- (N) diet
<u>Hypothyroid</u>	Afebrile	- Adeq Hydration
UP	BP - 112 / 75 mmHg	- Ambulation
MP	PR - 81 bpm.	- w/ f P/L bleeding
<u>Aseptic dressing</u>	S/E - NAD	- follow drug chart
<u>done</u>	P/A - soft BS (+)	- monitor vitals
<u>Pt. can be</u>	Ut u/r	- Inform SOS
<u>discharged</u>	U/E - NAB	
	Baby <sup>A</sup> BF (+)	Shan D. Janner (R)
	vaginal examination done.	Dr. Nikhita
	noted by	
	A. Kulkarni	
	27/6/26	
	@8 am	



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G3A2 37+1 wks &amp; Hypertensive</i> <i>(50) with uterine artery increased resistance with Anemia for 30</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>	<i>25/6</i>	<i>25/6</i>	<i>25/6</i>	
	Shift	<i>Evening</i>	<i>Night</i>	<i>N</i>	<i>Y</i>	<i>M</i>	<i>E</i>	
	Medical Condition (Any special condition to be noted):	<i>Hypertensive</i>	<i>Hypertensive</i>	<i>Hypertensive</i>	<i>-</i>	<i>-</i>	<i>-</i>	
ASSESSMENT	Diet:	<i>(D) diet</i>	<i>(D) diet</i>	<i>(D) diet</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	
	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RD</i>	<i>-</i>	<i>-</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>
		Res:	<i>20 b/min</i>	<i>19 b/min</i>	<i>19 b/min</i>	<i>19 b/min</i>	<i>19 b/min</i>	<i>19 b/min</i>
		SpO <sub>2</sub> :	<i>100%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>86 b/min</i>	<i>80 b/min</i>	<i>78 b/min</i>	<i>84 b/min</i>	<i>84 b/min</i>	<i>94 b/min</i>
		BP:	<i>112/70</i>	<i>110/77</i>	<i>108/80</i>	<i>114/70</i>	<i>110/70</i>	<i>115/80</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
Fall Risk Score:		<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>(D) Diet</i>	<i>(D) diet</i>	<i>(D) diet</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	
	Critical Lab Test / Values:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>DEPENDENT</i>	<i>dependent</i>	<i>Dependent</i>	<i>depend</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:	<i>not uterly w/f progress</i>		<i>not uterly w/f contraction</i>		<i>not uterly w/f contraction</i>		<i>w/o bleed</i>	
	<i>w/o bleed</i>		<i>w/o bleed</i>		<i>w/o bleed</i>		<i>w/o bleed</i>	
Handed Over By Name :		<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>24/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	
Time:		<i>8pm</i>	<i>8:30pm</i>	<i>12:40am</i>	<i>2:00am</i>	<i>7:00am</i>	<i>8pm</i>	
Taken Over By Name :		<i>Tessa</i>	<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	<i>A. Shams</i>	
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>24/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	
Time:		<i>at 8:00pm</i>	<i>8am</i>	<i>10am</i>	<i>2pm</i>	<i>2pm</i>	<i>2pm</i>	



### NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <i>G3A2 E 37+ w/ Hypothyroidism E uterine artery flow Resistance Anemia for Induction of Labour.</i>					Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>nil</i>	
BACKGROUND		Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date	<i>25/6</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>		
	Shift	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>		
BACKGROUND	Medical Condition (Any special condition to be noted):	-						
	Diet:	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>	<i>① diet</i>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>						
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Vital Signs:	Temp:	<i>97.6</i>	<i>97.1°F</i>	<i>97.1°F</i>	<i>98.2</i>	<i>98.2°F</i>	
		Res:	<i>18b/m</i>	<i>19b/m</i>	<i>19b/m</i>	<i>19b/m</i>	<i>19b/m</i>	
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>96%</i>	<i>96%</i>	<i>96%</i>	
		Pulse:	<i>76b/m</i>		<i>80</i>	<i>83</i>	<i>80b/m</i>	
		BP:	<i>110/74mm</i>		<i>109/75</i>	<i>109/70</i>	<i>103/70mm</i>	
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>		
	Fall Risk Score:	<i>0</i>	<i>'15'</i>	<i>'15'</i>	<i>'15'</i>	<i>'15'</i>		
Pain Score:	<i>0</i>	<i>'0'</i>	<i>'0'</i>	<i>'0'</i>	<i>'0'</i>			
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>			
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Physiotherapy:	<i>nil</i>						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Special Diet:	<i>① diet</i>						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Recommendations	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	ADL (Dependent / Non Dependent):	<i>dependent</i>						
Post Operative Procedure Special Orders:								
Handed Over By Name :		<i>Syeda</i>	<i>Deepika</i>	<i>Deepika</i>	<i>Arankha</i>	<i>Deepika</i>		
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:		<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>	<i>27/6/26</i>		
Time:		<i>@ 8 AM</i>	<i>@ 2 PM</i>	<i>@ 8 PM</i>	<i>@ 8 AM</i>	<i>@ 2 PM</i>		
Taken Over By Name :		<i>Deepika</i>	<i>Deepika</i>	<i>Arankha</i>	<i>Deepika</i>			
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Date:		<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>			
Time:		<i>@ 8 AM</i>	<i>@ 2 PM</i>	<i>@ 8 AM</i>	<i>@ 8 AM</i>			

*File send to  
 Billing on 27/6/26  
 @ 10 AM  
 Deepika*

# NURSING CARE RECORD

Date: 25/6/20

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain fluid balance	8am	provided fluids	Re prevent dehydration	patient is hydrated	poof 9 25/6/20 S. 9pm
Afternoon	5pm	Ensure safety		provide side rails	to prevent fall	patient is safe	poof 9 25/6 8:5pm
	7pm	Assess the patient condition	7pm	Assessed the patient condition	pt is safe	Reassessed the pt	Sybil 25/6 @ 8pm
Night	9pm	Maintain fluid balance Ensure safety	9:30pm	Maintained oral Intake provided side rails	prevented for dehydration prevented for fall risk	Re assessed done every 4hr body vital checked pt is stable	Sybil 26/6/20 @ 8pm



# NURSING CARE RECORD

Date: .....24/6/26.....

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify *FHR & NST with hourly*
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm up	Maintain fluid balance NST with help	3pm up	Encourage to take oral fluids for good	To prevent dehydration no any symptoms	Patient hydrated well patient is comfortable	Crane 24/6/26 DM
Night	9pm 2AM 6AM	ensure safety Any others specify maintain Airway and oxygenation	9:10 PM 12:10 AM 6:10 AM	provide side rails check FHR & NST with hourly maintain AIRWAY and RA	ensure safety checked FHR & NST patient vitals normal	comfortable position FHR & NST good patient was stable & comfortable	Crane 25/6/26 at 10:00 AM



# NURSING CARE RECORD

Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	* Relieve pain & Discomfort.		* provided position every 2nd hourly.	* prevent pain & discomfort.	* Re-Assessment done patient is stable.	Deepika 26/6/26 @ 10 AM
Afternoon	3 PM	* Ensure Safety	8 pm	Provide side rails	To prevent falls	Reassessment done. patient is stable	Deepika 26/6/26 @ 8 pm
Night	9 pm	* maintain fluid balance	10 pm	* Encouraged pt to take plenty of fluids	* to prevent Delay urinations & maintained I/O chart.	Re-Assessment Done - pt condition is stable.	Shyl 26/6/26 @ 8u



# NURSING CARE RECORD

Date: 27/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure Safety	2pm	To provide side rails	To provide Safety	Re-Assessment done vitals checked	Duipika 27/6/26 @ 2pm
Afternoon				<u>Discharge Notes</u>			
				Doctor came for rounds patient is safe Doctor said patient to get discharge.			Duipika 27/6/26 @ 10AM
Night							
					Noted by Duipika 27/6/26 @ 10AM		

**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Mrs SHEIK ASMA

**Age :** 31 Y 0 M 20 D

**IP No:** IP-00060462

**Sex:** Female

**Consultant:** Dr. BHAVANA K

**Ward/Bed No:** N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

I do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....*[Signature]*)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

*[Signature]*

Name: *M. Venu.*

Relationship: *Hubband*

Date: *24/06/20*

Time: *2:54 PM*

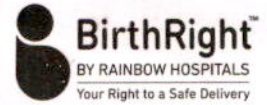
Wittness Name:

Wittness Signature: *[Signature]*

Patient Address:

AMOGA ENCLAVE, FLAT NO-101,,  
ZAHEED NAGAR,, UPPAL Boduppal  
Hyderabad Telangana INDIA 500092

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SHEIK ASMA Gender:  Male  Female Age : 31  
 UHID No : LBH-000666238 Date : 25/6/26

**Instruction:**

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS. SHEIK ASMA

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE

**My signature on this form indicates that**

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA.K

**Consentee :**  
 Signature : Asma  
 Name : MRS ASMA SHEIK  
 Date & Time : 25/6/26 10:40 AM

**Patient Attendant :**  
 Signature : Venue  
 Name : Venue Mamam  
 Relationship with Patient: Husband  
 Date & Time : 25/06/2026

**Witness :**  
 Signature : [Signature]  
 Name : [Name]  
 Date & Time : 25/6/2026 10:40 AM

**Doctor (who is taking the consent) :**  
 Signature : [Signature]  
 Name : DR NAUSHEEN  
 Date & Time : 25/6/26 10:40 AM

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Sheik Asma Age : 34y Gender : Male  Female

UHID NO: LBH-00066288 Surgeon Name: Dr. Bhavana K

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Emergency Caesarean delivery

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s) :** The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease       Hypertension       Diabetes mellitus       Renal failure
- Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Bleeding, Risk of aspiration of gastric contents

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Sheik Asma the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Caesarean delivery

I authorize and give consent for anaesthesia (  Regional /  General Anesthesia /  Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient / Patient Attendant :**

Signature : ..... *Asma* .....  
Name : ..... *MRS ASMA SHEIK* .....  
Relationship with Patient: ..... *SELF* .....  
Date & Time : ..... *25/6/25 10:40 am* .....

**Witness :**

Signature : ..... *Venu* .....  
Name : ..... *Venu Mannam* .....  
Date & Time : ..... *25/06/2025* .....

**Doctor (who is taking the consent) :**

Signature : ..... *B. Banda* .....  
Name : ..... *Dr. Banda* .....  
Date & Time : ..... *25/6/25, 10:24 am.* .....

# SURGICAL SAFETY CHECKLIST

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 21 D (F)  
 Dr. BHAVANA K

Surgeon: *Dr. Bharanik*  
 Asst. Surgeon: *Dr. Francis De Monte*  
 Anaesthetist: *Dr. M. Selvan*  
 Scrub Nurse: *Ruby-F*



Age: *31y* Gender: *F*  
 Primary Name: *Em-lcs*  
 Date: *25/6/26* In-time: *10:50 am* Out-time: *12 pm*



## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <i>10:45 am</i>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <i>[Signature]</i>	
Name: <i>Dr. Brunda</i>	

TIME OUT	Time: <i>10:50 am</i>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <i>Em-lcs</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <i>Bleeding 300 ml</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <i>yes</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <i>[Signature]</i>	
Name: <i>S. Prasad</i>	

SIGN OUT	Time: <i>12 pm</i>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <i>[Signature]</i>	
Name: <i>Dr. G. Redman</i>	



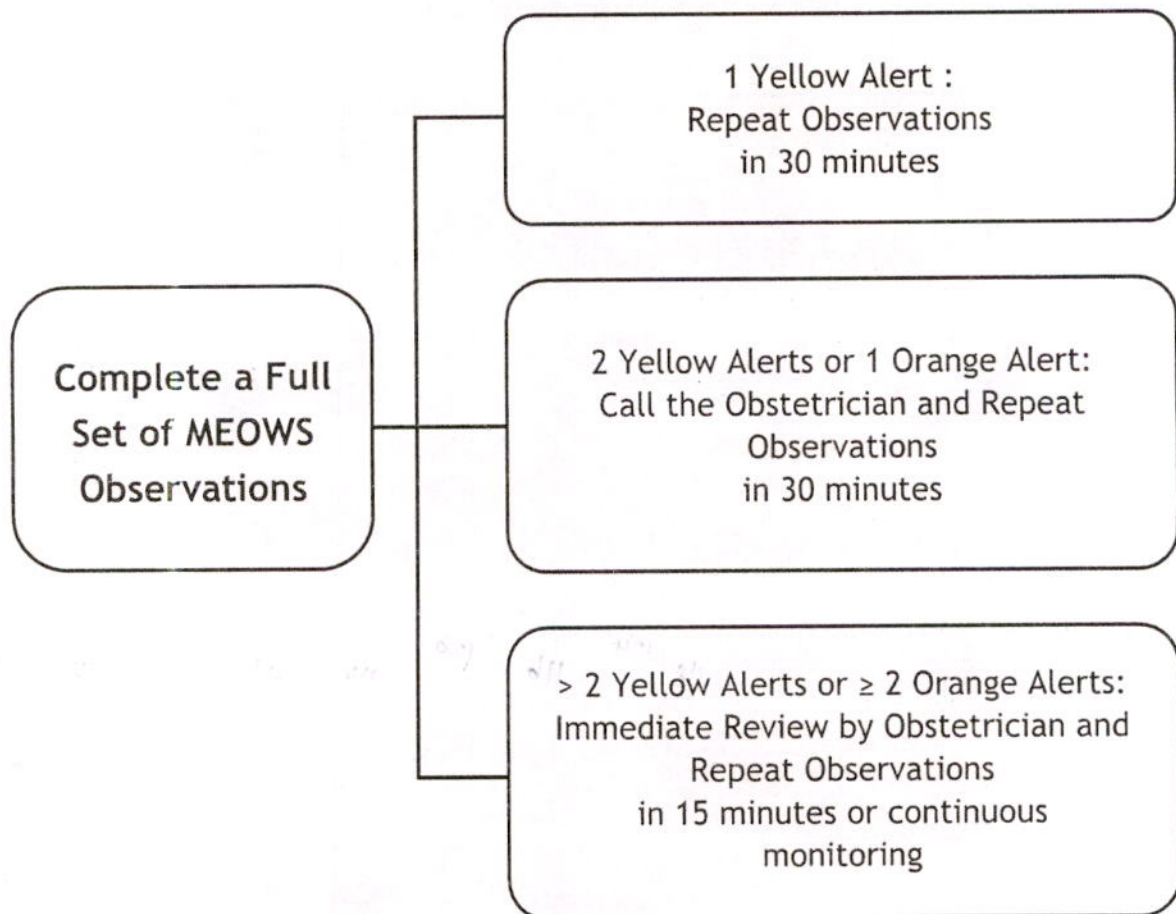
0

# Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

24/6/26		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20								19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																								
Saturations	94 - 100 %								99	99	100	100	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37								37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80								76	82	84	80	77	76	80	88	86	85							
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110								118	124	116	120	110	116	119	117	115	118							
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70								70	72	74	76	70	72	74	77	72	70							
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal								NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																								
Liquor	Clear / Pink								NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																								
TOTAL YELLOW SCORES									0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES									0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial									UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y O M 20 D (F)  
 Dr. BHAVANA K

2

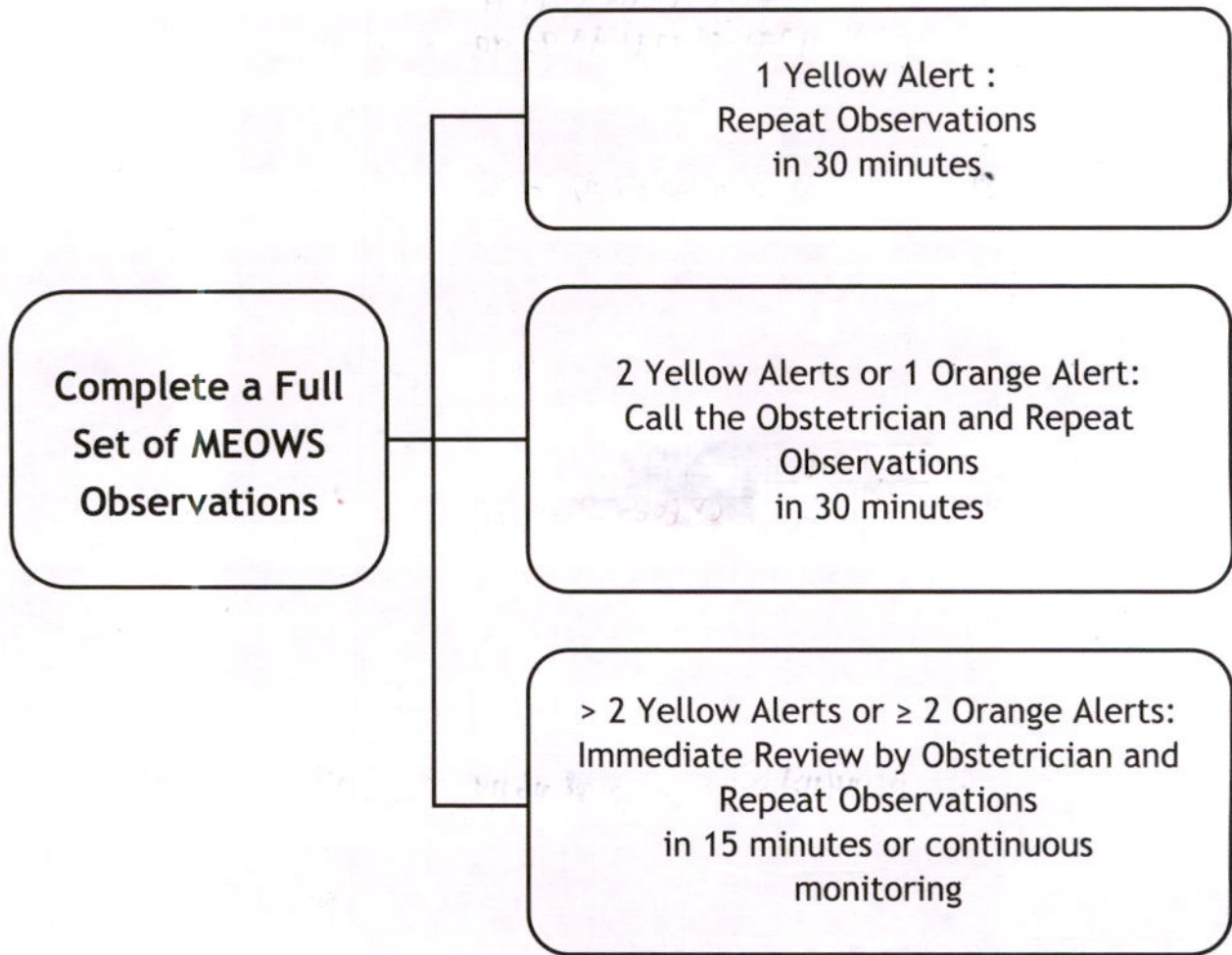


## Lumpy Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																							
25/6/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	108	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
80																									
70	70	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
	Heavy / Foul																								
Liquor	Clear / Pink	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 21 D (F)  
 Dr. BHAVANA K

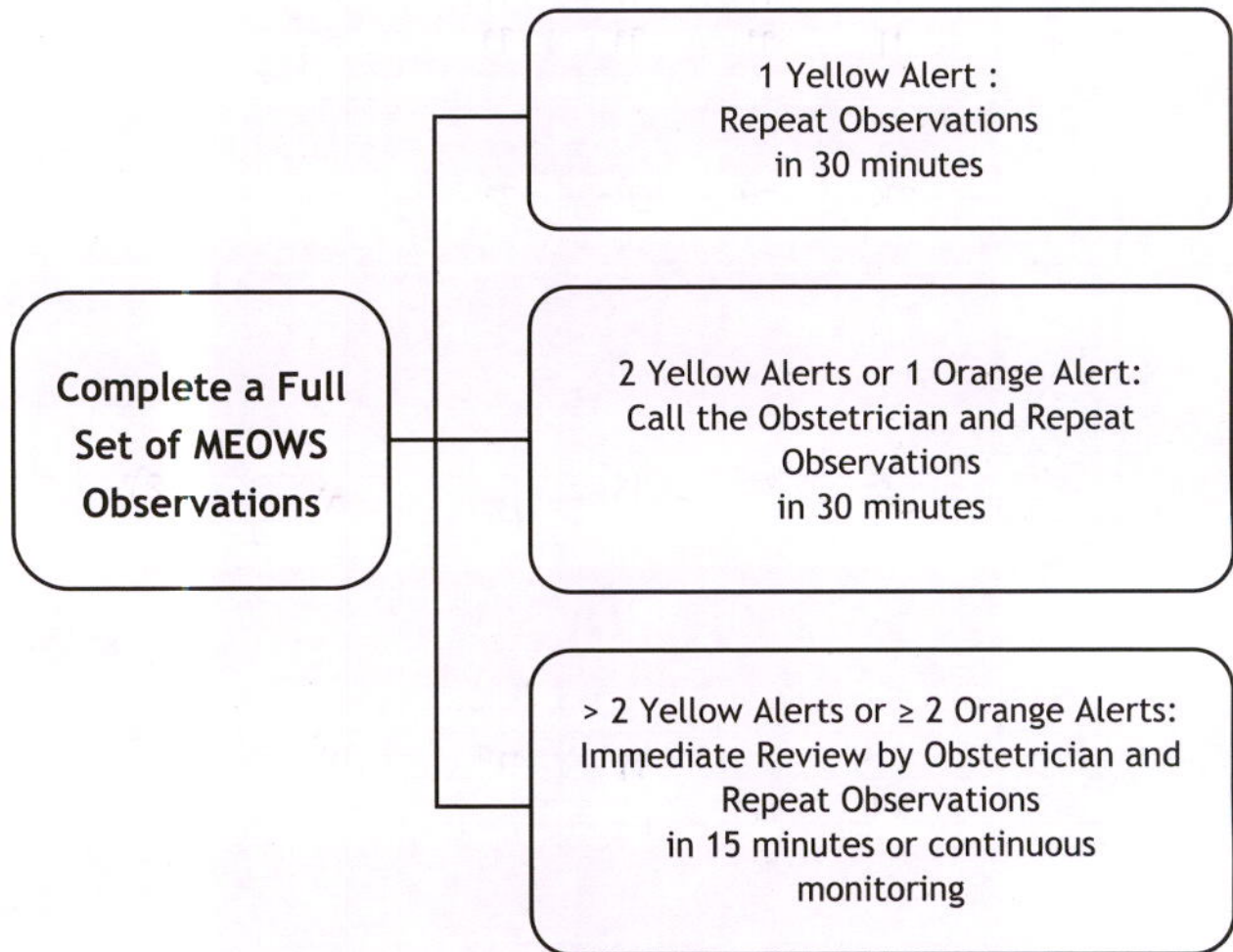


## Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																									
		26/6/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20			19			19			19			19			19			19			19					
	0 - 10																										
Saturations	94 - 100 %			99			99			99			99			99			99			99					
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36			37c			37c			37c			37c			37c			37c			37c					
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			70			80			75			68			91			81			82					
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110			104			109			118			117			111			112			103					
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure ↓	130																										
	120																										
	110																										
	100																										
	90																										
	80			70			75			74			74			80			75			70					
	70																										
	60																										
50																											
40																											
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓			✓			✓			✓					
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30			✓			✓			✓			✓			✓			✓			✓					
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			NA			NA			NA			NA			NA			NA			NA					
	Heavy / Foul																										
Liquor	Clear / Pink			NA			NA			NA			NA			NA			NA			NA					
	Green																										
TOTAL YELLOW SCORES				0			0			2			0			0			2			0					
TOTAL ORANGE SCORES				0			0			0			0			0			0			0					
Nurse Initial				D			D			D			D			A			D			D					

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



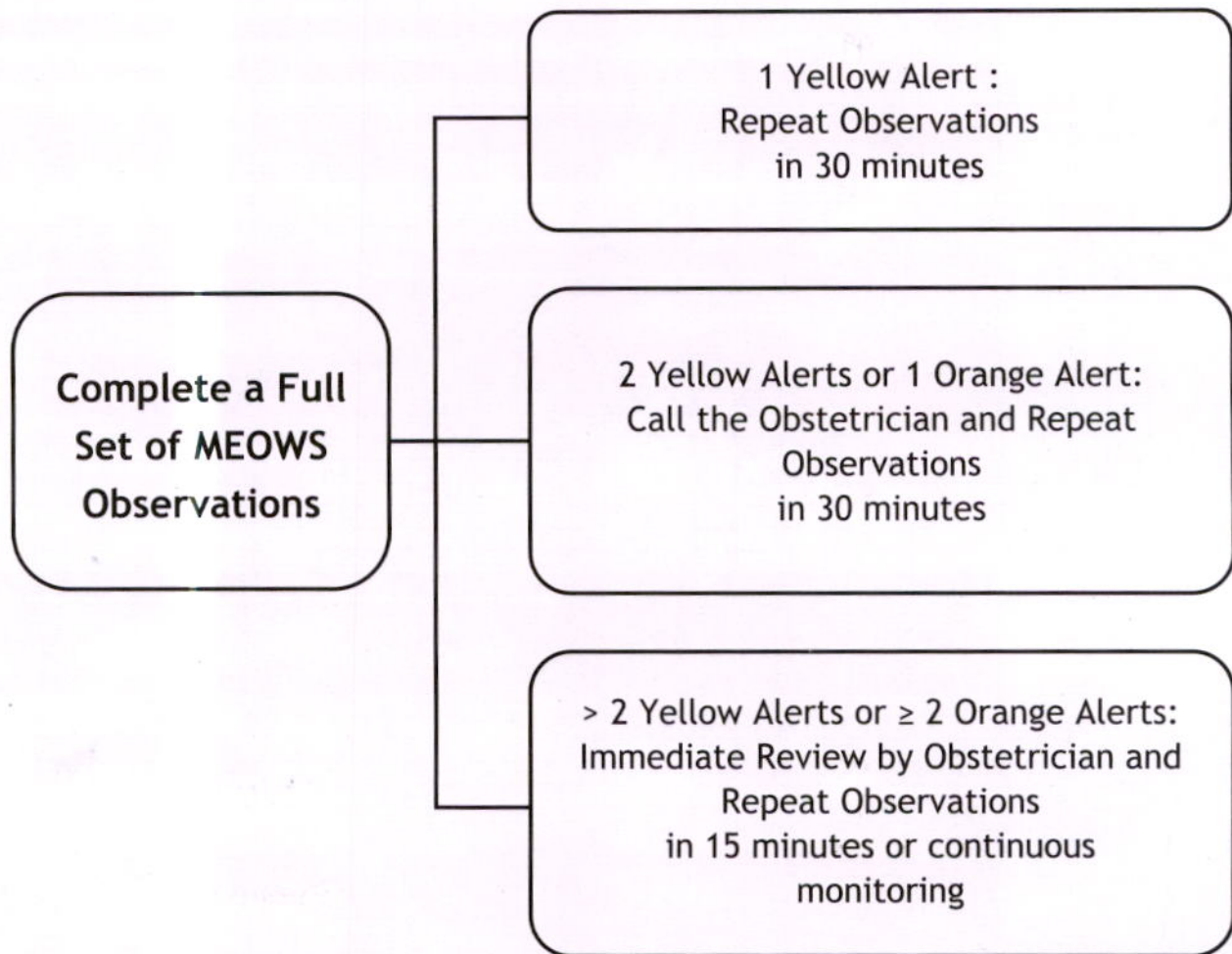
## Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																										
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20						19																					
	0 - 10																											
Saturations	94 - 100 %						99																					
	< 94 %																											
Administered O <sub>2</sub> (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36						36																					
	35																											
Heart Rate	< 35																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	Systolic Blood Pressure ↑	60																										
50																												
40																												
190																												
180																												
170																												
160																												
150																												
140																												
130																												
Diastolic Blood Pressure ↓	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
	40																											
	NEURO RESPONSE [✓]	Alert						✓																				
Voice																												
Pain																												
Unresponsive																												
URINE mls / hour	> 30						✓																					
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES							0																					
TOTAL ORANGE SCORES							0																					
Nurse Initial							D																					

Noted by  
 Daniela  
 27/6/26 @ 10AM

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
24/6/26	03:00 pm	Ho	100ml											
	04:00 pm	Ho	100ml											
	05:00 pm	Ho	50 ml											
	06:00 pm	Ho	100ml											
	07:00 pm	Ho	100ml											
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm	H2O	100ml											
24/6/26	09:00 pm	H2O	100ml											
	10:00 pm	H2O	100ml											
	11:00 pm	H2O	100ml											
	12:00 am	H2O	100ml											
	01:00 am	H2O	100ml											
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
25/6/26	03:00 am	H2O	100ml											
	04:00 am	H2O	100ml											
	05:00 am													
	06:00 am	H2O	100ml											
	07:00 am	H2O	100ml											
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>			1450			<b>Total 24 hrs. Output</b>								

FHR Monitoring chart

<u>Date</u>	<u>Time</u>	<u>FHR</u>	<u>Contractionis</u>
24/6/26	3pm -	140 b/min	
	3 <sup>30</sup> pm -	136 b/min	- nil
	4pm -	140 b/min	
	4 <sup>30</sup> pm -	132 b/min	
	5pm -	136 b/min	
	5 <sup>30</sup> pm -	140 b/min	
	6pm -	132 b/min	- nil
	6 <sup>30</sup> pm -	146 b/min	
	7pm -	132 b/min	
	7 <sup>30</sup> pm -	138 b/min	
	8pm -	148 b/min	

8:30 PM -	140 b/min
9:00 PM -	142 b/min
9:30 PM -	144 b/min
10:00 PM -	147 b/min
10:30 PM -	140 b/min
11:30 PM -	149 b/min
12:00 AM -	142 b/min
12:30 AM -	147 b/min
1:00 AM -	145 b/min
1:30 AM -	140 b/min
2:00 AM -	147 b/min
2:30 AM -	149 b/min
3:00 AM -	142 b/min
3:30 AM -	146 b/min
4:00 AM -	140 b/min
4:30 AM -	147 b/min
5:00 AM -	142 b/min
5:30 AM -	149 b/min
6:00 AM -	147 b/min

<u>Date</u>	<u>Time</u>	<u>FHR</u>	<u>Contractionis</u>
25/6/26	6:30 AM	149 b/min	
	7:00 AM	142 b/min	
	7:30 AM	140 b/min	
	8:00 AM		

24/6/26

25/6/26

nil

nil



2



# FLUID CHART

Sheet No. : 2

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/6	08:00 am	H <sub>2</sub> O 100ml								✓		
	09:00 am	H <sub>2</sub> O 50ml										
	10:00 am	NBM										
	11:00 am	100ml/hr										
	12:00 pm	H <sub>2</sub> O 100ml										
	01:00 pm	H <sub>2</sub> O 100ml								400ml Empty		
<b>Total Intake :</b>			250 ml			<b>Total Output :</b>					400ml	
25/6	02:00 pm	R1-100ml NBM								50ml		
	03:00 pm	R1-100ml NBM								50ml		
	04:00 pm	R1-100ml NBM								100ml		
	05:00 pm	R1-100ml NBM								50ml		
	06:00 pm	R2-100ml NBM								100ml		
	07:00 pm	R1-100ml NBM								50ml		
<b>Total Intake :</b>			600ml			<b>Total Output :</b>					500ml	
25/6	08:00 pm									50ml		
	09:00 pm									50ml		
	10:00 pm	Jeli								50ml		
	11:00 pm									50ml		
	12:00 am	Tru								50ml		
	01:00 am									100ml		
<b>Total Intake :</b>						<b>Total Output :</b>					350ml	
26/6	02:00 am									100ml		
	03:00 am									100ml		
	04:00 am									100ml		
	05:00 am									50ml		
	06:00 am									100ml		
	07:00 am									100ml		
<b>Total Intake :</b>						<b>Total Output :</b>					550ml	

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 1800ml



# FLUID CHART

Sheet No. : ③

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/1/26	08:00 am											
	09:00 am	Daily										
	10:00 am	+ H <sub>2</sub> O							✓			
	11:00 am											
	12:00 pm					✓						
	01:00 pm	H <sub>2</sub> O										
<b>Total Intake :</b>					<b>Total Output :</b>							
26/1/26	02:00 pm	Rice										
	03:00 pm	+ H <sub>2</sub> O										
	04:00 pm								✓			
	05:00 pm											
	06:00 pm											
	07:00 pm	H <sub>2</sub> O				✓						
<b>Total Intake :</b>					<b>Total Output :</b>							
26/1/6	08:00 pm											
	09:00 pm	Rice										
	10:00 pm	+ H <sub>2</sub> O										
	11:00 pm											
	12:00 am									✓		
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
27/1/26	02:00 am											
	03:00 am	H <sub>2</sub> O										
	04:00 am									✓		
	05:00 am											
	06:00 am											
	07:00 am										✓	
<b>Total Intake :</b>					<b>Total Output :</b>							

Dr. Deepika  
 26/1/26  
 @ 2pm

Dr. Deepika  
 26/1/26  
 @ 2pm

Dr. Deepika  
 26/1/26  
 @ 2pm

Dr. Deepika  
 27/1/26  
 @ 2am

Dr. Deepika  
 27/1/26  
 @ 2am

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 21 D (F)  
 Dr. BHAVANA K



# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
27/6/26	08:00 am	Belly + H <sub>2</sub> O											
	09:00 am												
	10:00 am										✓		
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

Deepika  
27/6/26  
@2pm

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 20 D (F)  
 Dr. BHAVANA K



1



## .....ICATION RECONCILIATION FORM

Drug Allergies: ..... NIL .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ICU ..... Shifted to: ..... Ward .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	50mcg	PO	ONCE DAILY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. IRON	1 TAB	PO	ONCE DAILY	23/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY	23/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR YOGESHWARI .....

Date & Time : ..... 24/6/2026 2:30pm .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time : ..... 24/6/26 2:30pm .....

LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y O M 20 D (F)  
 Dr. BHAVANA K

2



## MEDICATION RECONCILIATION FORM

Drug Allergies: Nil  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: Room (204)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. THYROXINE	50 MCG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PARACETAMOL	1 GM	PO	6TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. DICLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. TRAMADOL	100 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INF. CEFOTAXIME	1 GM	I.V	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. NIKHITA

Date & Time: 25/6/2026 5:00 PM

Nurse Name & Signature: Pooja

Date & Time: 25/6/26 2:5 PM

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		①	62-14	14

REGULAR PRESCRIPTIONS

Day 15 to 16/26

DRUG : <b>INS CEFOTAXIME</b>				Date	26/6														
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
1gm	IV	12th Hourly	25/6/26																
Name & Signature of the Doctor starting the Drugs:				STOP															
Dr. Youeshwardi				Dr. Nikhita															
Additional Instructions:				26/6/26 3:30 PM															
Daily Doctor's Endorsement by a Sign.																			

Day 17/26

DRUG : <b>T. PANTOPRAZOLE</b>				Date	26/6														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	PO	ONCE DAILY	25/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Dr. Youeshwardi																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Day 18/26

DRUG : <b>TAB CEFIXIME</b>				Date	26/6	27/6													
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
200mg	PO	12th Hourly	26/6																
Name & Signature of the Doctor starting the Drugs:																			
Dr. Farooq																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y 0 M 21 D (F)  
 Dr. BHAVANA K

Patient Name : \_\_\_\_\_ I.P. No. \_\_\_\_\_ Sheet No. \_\_\_\_\_ Wards \_\_\_\_\_ Weight (kg) \_\_\_\_\_

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				



LBH-00066238 IP-00060462  
 Mrs SHEIK ASMA  
 04-06-1995 31 Y O M 20 D (F)  
 Dr. BHAVANA K



*(Handwritten signature)*



# DRUG CHART

Date of Admission: 24/6/2026 Drug Allergies: NIL  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
  - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
  - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
  - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
  - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

Signal  
VERIFIED BY : Name

I.V. FLUIDS CHART

Weight: 54 kg Ward: 7/13

Date	Time	Composition of I.V. Fluid (if infusion, mention ml/hr = Mcg/kg/min, etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
05/06	11:10 Am	RINGER LACTATE	IV	900 ml/hr			05/06		
10 AM	3:30pm	RINGER LACTATE	IV	leaky in			11/5/21		
11:30 AM	5:15 PM	RINGER LACTATE	IV	leaky in			11/5/21		
3:30 PM	7:10 PM	RINGER LACTATE	IV	leaky in			11/5/21		

VERIFIED BY : Name ..... Signature .....



Weight ..... Ward .....

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/6/26	3:30pm	T. MISOPROSTOL	25mcg	PV	[Signature]	[Nurses]
24/6/26	9:30pm	T. MISOPROSTOL	25mcg	PV	[Signature]	[Nurses]
25/6/26	3:30am	T. MISOPROSTOL	25mcg	PV	[Signature]	[Nurses]
25/6/26	9:30am	TAB MISOPROSTOL	25mcg	PV	[Signature]	[Nurses]
25/6/26	10:30am	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	[Signature]	[Nurses]
25/6/26	HOLD	PROCTOCLYSIS ENEMA	100ML	PR	[Signature]	HOLD
25/6/26	10:30am	INJ PANTOPRAZOLE	40MG	IV	[Signature]	[Nurses]
25/6/26	10:30am	INJ METOCLOPRAMIDE	10MG	IV	[Signature]	[Nurses]

Signature .....  
VERIFIED BY: Name .....



REGULAR PRESCRIPTIONS

Weight. 62.1kg Ward. 4w

4 Slower 24/6/2018 @ 6pm  
 Day 25/6/2018  
 Day 25/6/2018  
 Day 25/6/2018

<b>DRUG : T. THYROXINE</b>				Date Time	24/6/18	25/6/18	26/6/18	27/6/18												
Dose	Route	Frequency	Start Date	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM
50mcg	PO	ONCE DAILY	24/6/2018																	
Name & Signature of the Doctor Starting the Drugs: Dr. YOGESHWARI																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : Tab. PARACETAMOL</b>				Date Time	25/6	26/6	27/6													
Dose	Route	Frequency	Start Date	6 AM	12 AM	6 PM	12 PM	6 AM	12 AM	6 PM	12 PM	6 AM	12 AM	6 PM	12 PM	6 AM	12 PM	6 AM	12 PM	6 PM
1gm	PO	6 hourly	25/06																	
Name & Signature of the Doctor Starting the Drugs: Dr. DPMadhu																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : Tab. TRAMADOL</b>				Date Time	25/6	26/6	27/6													
Dose	Route	Frequency	Start Date	8 AM	12 AM	4 PM	8 AM	12 AM	4 PM	8 AM	12 AM	4 PM	8 AM	12 AM	4 PM	8 AM	12 AM	4 PM	8 AM	12 PM
100mg	PO	8 hourly	25/06																	
Name & Signature of the Doctor Starting the Drugs: Dr. DPMadhu																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : Tab. DICOLOFENAC</b>				Date Time	25/6	26/6	27/6													
Dose	Route	Frequency	Start Date	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM	7 AM	3 PM	11 PM
50mg	PO	8 hourly	25/06																	
Name & Signature of the Doctor Starting the Drugs: Dr. DPMadhu																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				